

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10/650790  
APPLICANT(S)

FILING DATE

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1					
TOTAL DEP.	6	↓	↓	↓	↓	↓
TOTAL CLAIMS	7	↓	↓	↓	↓	↓

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TOTAL DEP.		↓	↓	↓	↓
TOTAL CLAIMS					